

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/030 532

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22		5			
23		5			
24		5			
25		1			
26		1			
27		1			
28		1			
29		1			
30		1			
31		1			
32					
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41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS		26			

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
56					
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58					
59					
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92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY